

Project Title	
Project Address	
Documentation Author	Telephone
Compliance Method (Package or Computer)	Climate Zone

Date
Building Permit #
Plan Check / Date
Field Check / Date
Enforcement Agency Use Only

**GENERAL INFORMATION**

Total Conditioned Floor Area \_\_\_\_\_ ft<sup>2</sup>      Average Ceiling Height: \_\_\_\_\_ ft  
 Conditioned Slab Floor Area \_\_\_\_\_ ft<sup>2</sup>  
 Building Type: \_\_\_\_\_ Single Family      \_\_\_\_\_ Addition  
 (check one or more)      \_\_\_\_\_ Multi-Family      \_\_\_\_\_ Existing-Plus-Addition

Front Orientation: \_\_\_\_\_ North / South / East / West / All Orientations  
 (input front orientation in degrees from True North and circle one)

Number of Stories \_\_\_\_\_  
 Number of Dwelling Units: \_\_\_\_\_  
 Floor Construction Type: \_\_\_\_\_ Slab/Raised Floor (circle one or both)

**RADIANT BARRIER** (required in climate zones 2, 4, 8-15)

Required for this submittal \_\_\_ yes \_\_\_ no

**BUILDING ENVELOPE INSULATION**

Component Type	Frame Type wd = wood stl = steel	Cavity Insulation R-Value	Sheathing Insulation R-Value	Total R- Value <sup>1</sup>	Assembly U-Factor <sup>1</sup>	Location/Comments (attic, garage, typical, etc.)
Wall						
Wall						
Roof						
Roof						
Floor						
Floor						
Slab Edge						

<sup>1</sup> For prescriptive compliance, Total R-Value and Assembly U-Factor are not required for a wood-framed wall that meets cavity R-value insulation requirements for the Prescriptive Package.

**FENESTRATION**

## Shading Devices

Fenestration #/Type/Pos.	Orien- tation	Area (ft <sup>2</sup> )	Fenestration U-Factor	Fenestration SHGC	Exterior Shading Att.	Overhangs/ Fins
Front						
Front						
Left						
Left						
Rear						
Rear						
Right						
Right						
Skylight						
Skylight						

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**HVAC SYSTEMS**

Note: Input hydronic or combined hydronic data under Water Heating Systems, except Design Heating Load.

Heating Equipment Type (furnace, heat pump, etc.)	Minimum Efficiency (AFUE or HSPF)	Distribution Type and Location (ducts, attic, etc.)	Duct or Piping R-Value	Thermostat Type	Heat Pump Configuration (split or package)
Cooling Equipment Type (air conditioner, heat pump, evap. cooling)	Minimum Efficiency (SEER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Heat Pump Configuration (split or package)

**SEALED DUCTS and TXVs (or Alternative Measures)**

- ☐ Sealed Ducts (all climate zones)  
(Installer testing and certification and HERS rater field verification required)
- ☐ TXVs, readily accessible (climate zones 2 and 8-15 only)  
(Installer testing and certification and HERS Rater or field verification required)
- ☐ Refrigerant Charge/Air Flow (climate zones 2 and 8-15 only)  
(Installer testing and certification and HERS Rater or field verification required)

**OR**

- ☐ Alternative to Sealed Ducts and TXVs (see Package C or D Alternative Package Features for Project Climate Zone)

Climate Zone	Window SHGC	Window U-Factor	SEER	Heating

**WATER HEATING SYSTEMS**

Water Heater Type	Distribution Type	Number in System	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy <sup>1</sup> Factor or Recovery Efficiency	Standby <sup>1</sup> Loss (%)	External Tank Insulation R-Value

1. For small gas storage water heaters (rated inputs of less than or equal to 75,000 Btu/hr), electric resistance, and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency and Standby Loss. For instantaneous gas water heaters, list rated input and recovery efficiencies.

**SPECIAL FEATURES** (add extra sheets if necessary). **Package C and D: TXVs, Sealed Ducts, Radiant Barriers** (see installation requirements for radiant barriers in Section 8.13 of the 2001 Residential Manual). **Package C: thermal mass** (thermal mass type, covering, thickness, and description).

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**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features/Remarks section. The undersigned recognize that compliance using duct sealing and TXVs requires installer testing and certification and field verification by an approved HERS rater.

**Designer or Owner** (per Business and Professions Code)

Name: \_\_\_\_\_

Title/Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Lic. #: \_\_\_\_\_

(signature) \_\_\_\_\_

(date) \_\_\_\_\_

**Documentation Author**

Name: \_\_\_\_\_

Title/Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

(signature) \_\_\_\_\_

(date) \_\_\_\_\_

**Enforcement Agency****Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

(signature / stamp) \_\_\_\_\_

(date) \_\_\_\_\_